

Dilks | & | Knopik

NOTICE OF ASSIGNMENT

For good and valuable consideration, the undersigned, Dana Hargrove for herself and as surviving spouse to Addis W. Hargrove ("Assignor"), hereby, assigns, conveys and transfers over and unto Dilks & Knopik, LLC ("Assignee"), any and all of right, title and interest in and to the below referenced funds/claim(s).

The Assigned funds/claim(s):

Debtor: Life Partners Holdings, Inc.

Court: United States Bankruptcy Court - Northern District of Texas

Case Number: 4:15-bk-40289

Chapter: 11

Original Creditor: Addis W. & Dana Hargrove

FUNDS/CLAIM(S) ARE BEING ASSIGNED "AS-IS, WHERE-IS" WITH NO WARRANTIES OR REPRESENTATIONS WHATSOEVER, EXCEPT AS EXPRESSLY PROVIDED IN THE ASSIGNMENT AGREEMENT, INCLUDING, WITHOUT LIMITATION, WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

IN WITNESS WHEREOF, the parties hereto have caused this notice of assignment to be executed as of the Friday, December 09, 2022.

Dana Hargrove

Dana Hargrove
Signature



STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

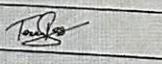
Feb 27 2021

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

142-21-039832

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)			(Before Marriage)	2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy)
ADDIS WAYNE HARGROVE				FEBRUARY 17, 2021
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	IF UNDER 1 YR Mo Days Hours Min	6. BIRTHPLACE (City & State or Foreign Country)
MALE	1941	79		DAINGERFIELD, TX
7. SOCIAL SECURITY NUMBER			8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed (but not remarried) <input type="checkbox"/> Divorced (but not remarried) <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
10a. RESIDENCE STREET ADDRESS 2613 WILD IVY CT			9. SURVIVING SPOUSE'S NAME (if spouse, give name prior to first marriage) DANA EDWARDS	10b. APT. NO.
10d. COUNTY TARRANT			10e. STATE TEXAS	10f. CITY OR TOWN MANSFIELD
10i. ZIP CODE 76063			10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE D. W. HARGROVE			12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE MARY ELIZABETH FOMBY	
13. PLACE OF DEATH (CHECK ONLY ONE) <input checked="" type="checkbox"/> DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA <input type="checkbox"/> DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				
14. COUNTY OF DEATH DALLAS			15. CITY/TOWN, ZIP (If outside city limits, give precinct no.) DALLAS, 75203	16. FACILITY NAME (If not institution, give street address) METHODIST DALLAS MEDICAL CENTER
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED DAVID HARGROVE - SON			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 2800 GREENBRIAR DR, MANSFIELD, TX 76063	
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Embalming <input type="checkbox"/> Removal from state <input type="checkbox"/> Mausoleum <input type="checkbox"/> Other (Specify)			20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CHRISTIE K. MOORE, BY ELECTRONIC SIGNATURE - 112216	21. <input type="checkbox"/> Unknown Section _____ Block _____ Lot _____ Space _____
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) ALPHA CREMATION SERVICE			23. LOCATION (City/Town, and State) GRAND PRAIRIE, TX	
24. NAME OF FUNERAL FACILITY MANSFIELD FUNERAL HOME			25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 1556 HERITAGE PARKWAY, MANSFIELD, TX 76063	
26. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner of the Peace - On the basis of examination, autopsy investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.			27. SIGNATURE OF CERTIFIER AMIT MANN, BY ELECTRONIC SIGNATURE	
			28. DATE CERTIFIED (mm-dd-yyyy) FEBRUARY 22, 2021	29. LICENSE NUMBER M9480
			30. TIME OF DEATH (Actual or presumed) 10:53 PM	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) AMIT MANN 221 W. COLORADO BLVD, PAV. II, SUITE 625, DALLAS, TX 75208			32. TITLE OF CERTIFIER MD	
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.			Approximate interval Onset to death UNKNOWN	
IMMEDIATE CAUSE (Final disease or condition → resulting in death)			a. NONTRAUMATIC INTRACEREBRAL HEMORRHAGE OF BASAL GANGLIA Due to (or as a consequence of):	
Subsequently list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated, the events resulting in death) LAST			b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____ Due to (or as a consequence of):	
PART 2. ENTER OTHER CAUSE GIVEN IN PART I.			34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
HYPERTENSION, DIABETES MELLITUS, RESPIRATORY FAILURE			35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined			37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Previously <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year
40a. DATE OF INJURY (mm-dd-yyyy)			40b. TIME OF INJURY	40c. INJURY AT WORK? 40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) <input type="checkbox"/> Yes <input type="checkbox"/> No
40e. LOCATION (Street and Number, City, State, Zip Code)			40f. COUNTY OF INJURY	
41. DESCRIBE HOW INJURY OCCURRED				
42a. REGISTRAR FILE NO.			42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. REGISTRAR  TARA DAS STATE REGISTRAR

This is a true and correct copy of the record as registered in the State of Texas, issued under the authority of Section 191.051, Health and Safety Code.

ISSUED Mar 08 2021

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



QA18551047

V-512 REV 12/2006

EDR NUMBER 000044444865178

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